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GSA[®] Contract Holder

Federal Supply Service

Authorized Federal Supply Schedule Price List

On-line access to contract ordering information, terms, and conditions, up-to-date pricing, and the option to create an electronic delivery order are available through GSA Advantage![®], a menu-driven database system. The INTERNET address for GSA Advantage![®] is: GSAAdvantage.gov.

Professional Services Schedule (PSS)

Schedule Source: 00CORP

SIN 520-8 and 520-8RC: Complementary Audit Services

SIN 520-9 and 520-9RC: Recovery Audits

SIN 520-21 and 520-21RC: Program Management Services

SIN 874-1 and 874-1RC: Integrated Consulting Services

Legacy Schedules: Financial and Business Solutions (FABS or Schedule 520) and Mission Oriented Business Integrated Services (MOBIS or Schedule 874)

Contract Number: GS-23F-0002X

Contract Period: October 5, 2010 – October 4, 2020

Cahaba Safeguard Administrators, LLC

500 Corporate Parkway

Birmingham, AL 35242

205-820-6002 (main) / 205-220-7998 (fax)

Contract Administration Source: Randy Heal – 205-820-6010

www.csallc.com / gsaschedule@csallc.com

Business size: Large

For more information on ordering from Federal Supply Schedules click on the FSS Schedules button at fss.gsa.gov.

i. General Services Administration

Information regarding this contract is included on the cover page and subsequent pages of this price list.

ii. Customer Information

1. SPECIAL ITEM NUMBERS, LABOR RATES, and LABOR CATEGORIES

1a. Special Item Numbers Awarded

SIN Awarded	Description	Cross-Reference
520-8/520-8RC Complementary Audit Services	Services performed by auditors including assist in developing questions for use at hearings, develop methods and approaches in evaluating a new or proposed program and forecast potential program outcomes.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).
520-9/520-9RC Recovery Audit	Audits performed to recover funds resulting from overpayments, duplicate payments and underpayments.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).
520-21/520-21RC Program Management Services	The management of financial and business solutions programs and projects. Includes but is not limited to program management, program oversight, project management and program integration of a limited duration.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).
874-1/874-1RC Integrated Consulting Services	Management or strategy consulting, including research, evaluations, studies, analyses, scenarios/simulations, reports, business policy and regulation development assistance and strategy formulation. Includes facilitation and decision support services as well as survey services using methodologies such as survey planning, design, and development; survey administration; data validation and analysis; reporting, and stakeholder briefings. Advisory and assistance services may be conducted in accordance with FAR 37.203.	All Labor Categories Apply. See Appendix A (Labor Rates) and Appendix B (Labor Category Descriptions).

520-8RC, 520-9RC, 520-21RC and 874-1RC: GSA's Disaster Purchasing Program allows state and local governments to buy supplies and services directly from all GSA Schedules to facilitate recovery from major disaster or facilitate disaster preparation and response.

1b. Labor Rates

See Appendix A for Labor Rates

1c. Labor Categories

See Appendix B for Labor Category Descriptions

2. MAXIMUM ORDER

The maximum order threshold of orders to be issued is \$1,000,000.

3. MINIMUM ORDER

The minimum dollar value of orders to be issued is \$100.

4. GEOGRAPHIC COVERAGE

The geographic scope of this contract encompasses domestic delivery only.

5. POINTS OF PRODUCTION

Birmingham, Alabama; Morrisville, NC; and other offices in the United States.

6. DISCOUNTS

Prices shown are net prices.

7. QUANTITY DISCOUNTS

None.

8. PROMPT PAYMENT

No special discount is offered for prompt payment. Payment terms are net 30 days.

9. GOVERNMENT PURCHASE CARDS

9a. At or Below Micro-Purchase Threshold

Government Purchase Cards are accepted at or below the micro-purchase threshold.

9b. Above Micro-Purchase Threshold

Government Purchase Cards are not accepted above the micro-purchase threshold.

10. FOREIGN ITEMS

Not applicable.

11. DELIVERY SCHEDULE

11a. Time of Delivery

Shall be specified in Schedule by ordering agency.

11b. Expedited Delivery

Not applicable.

11c. Overnight and 2-day Delivery

Not applicable.

11d. Urgent Requirements

When the Federal Supply Schedule contract delivery period does not meet the bona fide urgent delivery requirements of an ordering agency, agencies are encouraged, if time permits, to contact the Contractor for the purpose of obtaining accelerated delivery. The Contractor shall reply to the inquiry within 3 workdays after receipt. (Telephonic replies shall be confirmed by the Contractor in writing.) If the Contractor offers an accelerated delivery time acceptable to the ordering agency, any order(s) placed pursuant to the agreed upon accelerated delivery time frame shall be delivered within this shorter delivery time and in accordance with all other terms and conditions of the contract.

12. FOB

Destination.

13. ORDERING INFORMATION

13a. Contractor's Ordering Information

For mailed orders, the postal mailing address where paper form orders should be mailed is as follows:

Cahaba Safeguard Administrators, LLC
Attn: Randy Heal, Contract Administrator, GSA PSS Schedule
500 Corporate Parkway
Birmingham, AL 35242
gsaschedule@csallc.com

13b. Ordering Procedures

For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPAs), and a sample BPA can be found at the GSA/FSS Schedule homepage (www.gsa.gov/schedules).

14. PAYMENT ADDRESS

14a. Payment Via Check/U.S. Mail

Cahaba Safeguard Administrators, LLC
Attn: Accounts Receivable
500 Corporate Parkway
Birmingham, AL 35242

14a. Payment Via ACH

Cahaba Safeguard Administrators, LLC
Wells Fargo Bank
ABA Routing Number: See Invoice
Account Number: See Invoice

15. WARRANTY PROVISION

Not applicable.

16. EXPORT CHARGES

Not applicable.

17. GOVERNMENT COMMERCIAL CREDIT CARDS

Cards are not acceptable for payments. Bank account information for electronic payments will be included on the invoices.

18. TERMS AND CONDITIONS OF RENTAL, MAINTENANCE AND REPAIR

Not applicable.

19. TERMS AND CONDITIONS OF INSTALLATION

Not applicable.

20. TERMS AND CONDITIONS OF REPAIR PARTS

Not applicable.

20 a. Terms and Conditions of Other Services

Not applicable.

21. LIST OF SERVICE AND DISTRIBUTION POINTS

Not applicable.

22. LIST OF PARTICIPATING DEALERS

Not applicable.

23. PREVENTIVE MAINTENANCE

Not applicable.

24. SPECIAL ATTRIBUTES AND COMPLIANCE

24 a. Special Attributes

Not applicable.

24 b. Section 508 Compliance

To be addressed on a task order basis. The Electronic and Information Technology (EIT) standard can be found at (www.Section508.gov).

25. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

133312947

26. CENTRAL CONTRACTOR REGISTRATION (CCR) DATABASE

Cahaba Safeguard Administrators, LLC (CSA) is registered with SAM, since the consolidation of the Central Contractor Registration (CCR) Database/FedReg, ORCA, and EPLS. Our registration on SAM is currently valid through 7/27/2017.

iii. Executive Summary

Using this General Services Administration (GSA) contract vehicle, CSA is ready to supply complementary audit, recovery audit, program management and consulting services to all federal government agencies. Throughout our client engagement, CSA applies an understanding of healthcare data, programs and policy to assess program risks and vulnerabilities, such as potential gaps in policy or practice which result in overpayments, underpayments, and duplicate payments. Furthermore, our processes are refined by our expertise in Medicare rules and regulations, billing, coverage determinations, rate setting, and payment models.

We work with our customers to understand their specific needs and then manage the goals of the project to deliver the best results most cost-effectively. When auditing, our program management and audit plans ensure our auditors focus on the most crucial potential program vulnerabilities, based on customer needs and our expertise. When consulting, we rely on data analytics and proven research techniques to provide our customers with the information they need to make the most effective strategic, tactical, and operational decisions.

CSA is a general management/consulting firm based in Birmingham, Alabama, with offices in North Carolina and Iowa. Government healthcare agencies have turned to CSA for over 15 years to provide recovery audit, complementary audit, program management, and consulting services in the areas of auditing, fraud investigations, research and data analysis, and medical review. More specific experience for each SIN, Complementary Audits, Recovery Audits, Program Management and Integrated Consulting Services, follows:

COMPLEMENTARY AUDIT SERVICES (SIN 520-8 and SIN 520-8RC)

- Conduct cost report audits for government healthcare programs by ensuring compliance with CMS directives and instructions, program law, Generally Accepted Government Auditing Standards (GAGAS), and Generally Accepted Accounting Principles (GAAP)
- Process provider cost report appeals based on applicable Provider Review Reimbursement Board (PRRB) guidelines, CMS directives and instructions, program law, GAGAS, and GAAP
- Develop and implement targeted audit plans for specific purposes such as rebasing, wage index development, and rate setting
- Evaluate and recommend potential outcomes due to program changes for specific providers, such as stand-alone cancer hospitals, rural community hospitals, and home health agencies through target audits
- Identify cost report data elements impacting audit or reimbursement issues for components such as bad debts, organ acquisitions, and graduate nurse education reimbursement. Recommend program improvements
- Design audit procedures and processes in accordance with customer needs and applicable guidelines for cost elements outside standard cost reports
- Apply data analytics for targeted audit plans and potential program changes like those described above

RECOVERY AUDITS (SIN 520-9 and SIN 520-9RC)

- Monitor whether or not reasonable payments were made to hospitals and providers in accordance with a variety of regulations and demonstration projects
- Identify Medicare providers who have been potentially overpaid and require additional recovery audit work
- Perform recovery audit work on identified Medicare providers to determine amount of overpayment
- Quantify the overpayment amount, initiate and coordinate the recovery of the overpaid funds
- Where instances of fraud are noted, work with appropriate Centers for Medicare and Medicaid Services (CMS) or the Military Health System (MHS) officials and law enforcement officials to pursue further action
- Policy and regulation development assistance
- Expert Witness services in support of litigation, claims, or other formal cases
- Determine reasonable costs for healthcare services

PROGRAM MANAGEMENT SERVICES (SIN 520-21 and SIN 520-21RC)

- **Program management**
 - Program integration services
 - Program policy and regulation development assistance
 - Implementation support for new workloads, including workload transitions and demonstration projects
 - Program oversight for compliance with benefit scope and payment structures
 - Data analytics for data mining, predictive modeling, text mining
 - Building crosswalks between federal healthcare programs beneficiary databases for data matching of dually eligible beneficiaries
 - Provide a multi-disciplinary team for review of data aberrancies, reimbursement issues and potential fraud, waste and abuse
- **Project management**
 - Project leadership and communications with stakeholders
 - Project planning and scheduling
 - Project management, including performance monitoring and measurement
 - Develop project management tools to track a variety of workloads, goals, and deadlines
 - Reporting and documentation associated with project/program objectives
 - Stakeholders briefings, participation in required meetings, and related project support services
 - Project close-out services

INTEGRATED CONSULTING SERVICES (SIN 874-1 and SIN 874-1RC)

- Design customized research and analysis methods based on clients' goals
- Research and review applicable laws and regulations
- Conduct statistical analysis, including data mining, peer review comparisons, time analysis, and medical reasonability analysis, to analyze national and state-specific healthcare data
- Develop appropriate data exchange processes and data formats to conduct data analysis
- Develop and test data models to determine accuracy of model and validity of results
- Provide customized reports, written and oral, to clients to assist in decisions related to program risk, strategy development, and operational effectiveness
- Apply results of research and analysis to assist in policy and regulation development
- Provide end-user training and support related to consultation services, including change control processes and documentation

Appendix A - Labor Rates

Proposed Labor Category	10/5/15 – 10/4/16	10/5/16 – 10/4/17	10/5/17 – 10/4/18	10/5/18 – 10/4/19	10/5/19 – 10/4/20
Administrative Coordinator**	\$53.71	\$54.41	\$55.11	\$55.83	\$56.56
Administrator III	\$116.54	\$118.05	\$119.59	\$121.14	\$122.71
Advanced Staff Audit Specialist	\$81.04	\$82.09	\$83.16	\$84.24	\$85.34
Advanced Staff Auditor	\$81.77	\$82.83	\$83.91	\$85.00	\$86.10
Analyst	\$139.89	\$141.70	\$143.55	\$145.41	\$147.30
Audit Analyst II	\$81.01	\$82.06	\$83.13	\$84.21	\$85.31
Audit Analyst III	\$88.18	\$89.33	\$90.49	\$91.66	\$92.86
Audit Director	\$220.54	\$223.41	\$226.32	\$229.26	\$232.24
Audit Manager	\$157.29	\$159.33	\$161.41	\$163.50	\$165.63
Audit Task Order Manager	\$189.46	\$191.92	\$194.42	\$196.95	\$199.51
Benefit Integrity Coordinator	\$94.85	\$96.08	\$97.33	\$98.59	\$99.88
Benefit Integrity Manager	\$104.70	\$106.06	\$107.44	\$108.84	\$110.26
Benefit Integrity Specialist**	\$52.37	\$53.05	\$53.74	\$54.44	\$55.15
Chief Legal Counsel	\$130.85	\$132.55	\$134.27	\$136.02	\$137.79
Data Analysis Manager	\$134.24	\$135.99	\$137.75	\$139.55	\$141.36
Database Administrator	\$103.92	\$105.27	\$106.64	\$108.02	\$109.43
DBA Coordinator	\$114.43	\$115.92	\$117.42	\$118.95	\$120.50
Director of Operations	\$159.39	\$161.48	\$163.56	\$165.68	\$167.84
In-Charge Auditor	\$96.68	\$97.94	\$99.21	\$100.50	\$101.81
Investigator II	\$83.62	\$84.71	\$85.81	\$86.93	\$88.06
Investigator III	\$83.98	\$85.07	\$86.18	\$87.30	\$88.43
Junior Analyst**	\$68.33	\$69.22	\$70.11	\$71.03	\$71.95
Medical Review Manager	\$88.71	\$89.86	\$91.03	\$92.21	\$93.41
Nurse Consultant II	\$92.43	\$93.63	\$94.85	\$96.08	\$97.33
Nurse Consultant Coordinator	\$96.11	\$97.36	\$98.63	\$99.91	\$101.21
Program Director	\$177.93	\$180.25	\$182.59	\$184.96	\$187.37
Reimbursement Technical Advisor	\$150.20	\$152.15	\$154.13	\$156.13	\$158.16
Resource Analyst	\$97.46	\$98.73	\$100.01	\$101.31	\$102.63
Senior Accountant	\$90.12	\$91.29	\$92.47	\$93.68	\$94.89
Senior Audit Specialist	\$117.56	\$119.09	\$120.64	\$122.20	\$123.79
Senior Auditor	\$123.95	\$125.56	\$127.19	\$128.85	\$130.52
Senior Statistician	\$94.40	\$95.63	\$96.87	\$98.13	\$99.41
Staff Accountant	\$62.85	\$63.66	\$64.49	\$65.33	\$66.18

Appendix B – Labor Category Descriptions

Administrative Coordinator**	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Provides administrative and clerical duties in a timely and accurate manner.
Education Requirements	High school graduate
Experience Requirements	1 to 3 years secretarial experience required
Certifications	None

Administrator III	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Maintains the various systems in use by CSA as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse, as well as assist with new development projects in unison with other System Administrators. Responsibilities include the evaluation of system resources, usage, performance and security of those systems. Daily, weekly and monthly ongoing administration tasks are to be performed to keep the designated systems functioning without interruption. Act as a technical lead in designing enhancements to improve performance of existing programs and new development projects.
Education Requirements	<ul style="list-style-type: none">• Bachelor's degree in a technical field plus three years of relative experience is a prerequisite qualification• Four or more years specific technical experience in a relative environment in lieu of degree
Experience Requirements	4 or more years specific technical experience in a relative environment
Certifications	None

Advanced Staff Audit Specialist	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs or assists in the performance of audits in an accurate and timely manner. Performs or assists in performance of functions related to the program process. Ensures audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue. Ensures appeal functions are performed in accordance with program regulations, the Provider Reimbursement Review Board (“PRRB” or “Board”) guidelines and decisions, as well as directives from the Centers for Medicare and Medicaid Services (CMS).
Education Requirements	<ul style="list-style-type: none"> • Bachelor’s degree in accounting or related field • Minimum of 24 semester hours of accounting courses
Experience Requirements	Requires 1 to 2 years healthcare/audit experience basic knowledge of program reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Complete no-audit reviews with little supervision.
Certifications	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Advanced Staff Auditor	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs or assists in the performance of audits in an accurate and timely manner. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.
Education Requirements	<ul style="list-style-type: none"> • Bachelor’s degree in accounting or related field • Minimum of 24 semester hours of accounting courses
Experience Requirements	Requires 1 to 2 years healthcare and/or audit experience and basic knowledge of program reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Ability to complete no-audit reviews with supervision.
Certifications	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred

Analyst	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Acts as a subject-matter expert and designs, implements and modifies new and existing systems and coordinates projects to provide solutions to support the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	Bachelor’s degree
Experience Requirements	Familiarity with programming languages and systems design with 4 or more years of experience preferred
Certifications	None

Audit Analyst II	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	<p>Performs or assists in the completion of any of the following in an accurate and timely manner: performance of audits, appeals audits and related appeals activities including preparation of position papers, analysis and verification of provider's data and systems in support of healthcare programs, development and/or support of fraud and abuse investigations, programming application, statistical, technical, and analytical skills in the design, execution, and dissemination of reports and analytics.</p> <p>Ensure these audits and/or investigations are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, generally accepted accounting principles (GAAP) in those cases where program principles do not address to an issue and any other governmental agency regulations and principles as appropriate.</p>
Education Requirements	Bachelor's degree in accounting or related field with a minimum of 24 semester hours of accounting courses
Experience Requirements	Requires 1 to 2 years healthcare and/or audit experience or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Experience in a position using SAS Enterprise, SQL or other comparable query software is preferred.
Certifications	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Audit Analyst III	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	<p>Performs or assists in the completion of any of the following in an accurate and timely manner: performance of audits, appeals audits and related appeals activities including preparation of position papers, analysis and verification of provider's data and systems in support of healthcare programs, development and/or support of fraud and abuse investigations, programming application, statistical, technical, and analytical skills in the design, execution, and dissemination of reports and analytics.</p> <p>Ensure these audits and/or investigations are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, generally accepted accounting principles (GAAP) in those cases where program principles do not address to an issue and any other governmental agency regulations and principles as appropriate.</p>
Education Requirements	Bachelor's degree in accounting or related field with a minimum of 24 semester hours of accounting courses
Experience Requirements	<ul style="list-style-type: none"> Requires 2 to 3 years health care and/or audit experience or requires an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Experience in a position using SAS Enterprise, SQL or other comparable query software is preferred. The incumbent is able to complete reviews of all provider/physician types with little supervision and interpret pertinent laws and regulations and appropriately communicate these findings.
Certifications	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Audit Director	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Provides the executive direction for the accomplishment of all work under the assigned task orders. This position is responsible for all operations related to the assigned task orders and directs all activities required to assure timely, accurate, and thorough performance required to meet or exceed customer requirements, while providing high quality work products.
Education Requirements	<ul style="list-style-type: none"> • Bachelor's degree, preferred in accounting or another analytical field • Master's degree from an accredited institution or an equivalent number of credits in business, economics, budget, management, computer science or the ADP field • Substitution of 4 additional years of relative work experience in lieu of the Master's degree
Experience Requirements	Requires 10 or more years of professional experience with at least 3 years as a senior manager responsible for managing complex systems and work flow
Certifications	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) and/or Master's degree is preferred

Audit Manager	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	<p>Manage and direct audits to meet timeliness and quality standards. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.</p> <p>Organize the staff and manage the activities required to assure timely, accurate, and thorough rate setting activities, audits, appeals, and provider education to ensure accurate reporting and to perform other reimbursement activities</p>
Education Requirements	Bachelor Degree in statistics, nursing, health care, business, accounting or related field. (If position is primarily over auditors, a BS in Accounting or BS with at least 24 hours of Accounting is required. If position is primarily over nurses, a BS in nursing and an active RN license is required.)
Experience Requirements	<ul style="list-style-type: none"> • Minimum of five years of successful supervisory or leadership experience. • Possess leadership, team building and/or Performance Management skills to evaluate and improve the performance of the staff • The ability to develop ideas to effectively solve problems and effectively communicate these solutions to others for implementation
Certifications	N/A

Audit Task Order Manager	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Direct the activities required to assure timely, accurate, and thorough processing for CSA operational areas. Meet or exceed the Statement of Work (SOW)/TO requirements while providing high quality service to our customers and the public. Responsible for creating an organizational structure and overseeing the hiring of staff in order to best accomplish the tasks under his/her purview. Interact with all levels of CSA management to coordinate workflow and act as the official spokesperson to the agencies. Utilize his/her expertise when performing other tasks such as quality assurance, customer service, etc. In addition, while performing any of his/her duties, the incumbent shall act as a spokesperson for CSA.
Education Requirements	<ul style="list-style-type: none"> • A Bachelor's Degree (If position is primarily over auditors, a BS in Accounting or BS with at least 24 hours of Accounting is required. If position is primarily over nurses, a BS in nursing is required.) • A Master's Degree from an accredited institution or substitution of 4 additional years of related work experience in lieu of the master's degree
Experience Requirements	<ul style="list-style-type: none"> • Five or more years of professional experience with at least 3 years as a manager/supervisor responsible for managing complex systems and work flow and experience • A broad knowledge of claims processing, systems support, correspondence processing, and/or ad hoc reporting requirements and capabilities
Certifications	

Benefit Integrity Coordinator	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	The BI Coordinator position evaluates, investigates and adjudicates highly complex and priority instances in the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse while providing guidance to the investigative staff in detection such activities. Gains insight to cases and schemes across all of lines of business and is also responsible for coordinating and monitoring Quality Improvement/Quality Assurance activities.
Education Requirements	Bachelor's degree
Experience Requirements	<ul style="list-style-type: none"> • Incumbent must possess the knowledge, experience and performance level that are typical of an associate who has at a minimum 3 years of experience with Medicare Benefit Integrity activities or other related fields. • At least 2 years of project management experience.
Certifications	A certification as a Certified Fraud Examiner (CFE) is preferred

Benefit Integrity Manager	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	The Benefit Integrity Manager is responsible for directing the work of the Benefit Integrity/Investigation unit staff in the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	Bachelor's degree, preferably in one of the following disciplines: business, Health Care, mathematical/statistical, accounting and/or law enforcement
Experience Requirements	1 to 3 years with contract law, Medicare policy, and claims processing procedures
Certifications	None

Benefit Integrity Specialist**	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs and/or assists in the preparation, research, and completion of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse investigations/cases involving program abuse and/or fraudulent activities including communicating with providers, beneficiaries, professional associations, law enforcement, and/or other government agency staff.
Education Requirements	High school graduate
Experience Requirements	1 year or less proven knowledge of Medicare regulations pertaining to claims billing policies, claims processing policies and claims adjudication
Certifications	None

Chief Legal Counsel	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Provides legal advice and research as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	JD degree
Experience Requirements	<ul style="list-style-type: none"> • Membership in the State Bar Association • Must have 3 to 5 years of experience as a practicing attorney • In-depth knowledge of corporate law, the Medicare program and federal contract procurement. • Previous law enforcement experience is preferred.
Certifications	Licensed to practice law

Data Analysis Manager	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	The Data Analysis Manager position ensures all data analysis requirements as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse in a timely and accurate manner. Leads research and analytics projects related to risk assessment and program vulnerabilities. The incumbent must be able to manage and direct a diverse and highly professional staff consisting of Mastered level statisticians, registered nurse coordinators, DBA Coordinators, and Analysts.
Education Requirements	Bachelor's degree in statistics, health care, business, accounting or related field.
Experience Requirements	Minimum of 5 years of successful supervisory or leadership experience
Certifications	None

Database Administrator	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Provides the support required to administer and control CSA corporate database resources in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. It is responsible for the logical design, physical design, implementation, and ongoing administration of the databases.
Education Requirements	Bachelor's degree in a technical field plus three years of relative work experience
Experience Requirements	Minimum of 5 years specific technical experience in a relative environment
Certifications	None

DBA Coordinator	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs multiple tasks and acts as a liaison between departments as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. Prioritization and workflow are daily tasks to be monitored and changed to effectively meet the stringent timeframes set out by our customers. May also act as the Statistician applying statistical and technical skills in the design, collection, compilation and analysis of statistical data to support the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	Master's degree in statistics, mathematics, or a closely related field
Experience Requirements	More than 5 years demonstrated working knowledge of statistical techniques including the use of SAS/SPSS and related computer database languages
Certifications	None

Director of Operations	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Provides the daily direction to accomplish all work under the assigned task orders. This position is responsible for area operations to assure timely, accurate, and thorough performance required to meet or exceed customer requirements, while providing high quality work products.
Education Requirements	Bachelor's degree
Experience Requirements	A minimum of 3 years' supervisory experience in the general area of medical/utilization review or fraud investigation.
Certifications	None

In-Charge Auditor	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs or assists in the performance of audits in an accurate and timely manner. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.
Education Requirements	Bachelor's degree in accounting or related field with a minimum of 24 semester hours in accounting courses.
Experience Requirements	Requires 2 to 3 years health care and/or audit experience and a good knowledge of program reimbursement principles or an equivalent combination of education and experience. Ability to complete reviews of all provider types with little supervision.
Certifications	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Investigator II	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	The Investigator II is responsible for reviewing, analyzing and developing the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The Investigator II is assigned more complex work activities and is responsible for prioritizing their workload and conduct independent research of guidelines and laws.
Education Requirements	Bachelor's degree
Experience Requirements	1 to 3 years of experience within the disciplines of fraud investigation, law enforcement investigation or like fields.
Certifications	None

Investigator III	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	The Investigator III is responsible for reviewing, analyzing and developing the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The Investigator III is assigned the most complex work activities and is responsible for prioritizing their workload while directing the workload of other investigators. Conducting independent research of guidelines and laws and assisting with the quality assurance review on the work of the other Investigators are additional responsibilities of this position.
Education Requirements	Bachelor's degree
Experience Requirements	More than 3 years of experience within the disciplines of fraud investigations, law enforcement investigation or like fields.
Certifications	A certification as a Certified Fraud Examiner (CFE) is preferred

Junior Analyst**	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Works directly with the BI Staff to support the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The incumbent performs extensive research on applicable laws and policies to find relevant material, interprets statistical findings and apply them to the discussed topic, publish proactive case referral packets and monitors all data requests.
Education Requirements	High School graduate
Experience Requirements	<ul style="list-style-type: none"> • Minimum 1 year experience using Medicare regulations/guidelines, ICD-9 coding, and medical terminology • Minimum 1 year experience working with claims processing systems, and correspondence requirements
Certifications	None

Medical Review Manager	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Directs the activities required to assure timely, accurate, and thorough processing as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	Bachelor's degree in nursing
Experience Requirements	<ul style="list-style-type: none"> • Must possess the knowledge, experience, and performance level that is typical of an associate who has at a minimum 5 years of experience with Medicare Benefit Integrity/Medical review activities or other Medicare payment safeguard functions • Minimum of 3 years of supervisory experience in the general area of medical/utilization review
Certifications	None

Nurse Consultant II	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Acts as a subject-matter expert to conduct prepayment and post payment reviews of all types of healthcare claims utilizing professional medical knowledge to determine the medical necessity/coverage of services billed in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	Bachelor's degree or actively pursuing a Bachelor's degree
Experience Requirements	<ul style="list-style-type: none"> • Minimum of 5 years clinical experience. • Minimum of 2 to 4 years of experience and proven abilities within the medical/utilization review discipline.
Certifications	Licensed Registered Nurse

Nurse Consultant Coordinator	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Applies professional medical experience and applicable policy to two-dimensional data to select fraudulent trends for further review while providing guidance to the nurse consulting staff in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. The coordinator gains insight to cases and schemes across all of lines of business and is also responsible for coordinating and monitoring Quality Improvement/Quality Assurance activities.
Education Requirements	Bachelor's degree
Experience Requirements	<ul style="list-style-type: none"> • Minimum of 5 years clinical experience. • Minimum of 2 to 4 years of experience and proven abilities within the medical/utilization review discipline.
Certifications	Licensed Registered Nurse

Program Director	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Provides the executive direction for the accomplishment of all work under the assigned task orders. This position is responsible for all operations related to the assigned task orders and directs all activities required to assure timely, accurate, and thorough performance required to meet or exceed customer requirements, while providing high quality work products.
Education Requirements	<ul style="list-style-type: none"> • Bachelor's degree, preferred in accounting or another analytical field • Master's degree from an accredited institution or an equivalent number of credits in business, economics, budget, management, computer science or the ADP field • Substitution of 4 additional years of relative work experience in lieu of the Master's degree
Experience Requirements	Requires 10 or more years of professional experience with at least 3 years as a senior manager responsible for managing complex systems and work flow
Certifications	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) and/or Master's degree is preferred

Reimbursement Technical Advisor	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	<p>To develop and provide direction to the Managers and the audit staff on the business plan, department, and Government Programs goals. The incumbent is also responsible for the communication of workflow and provider issues to Managers of the department.</p> <p>Completes provider position papers and provider appeal requests to support the appeals process.</p> <p>Ensures appeal functions are performed in accordance with program regulations, the Provider Reimbursement Review Board (“PRRB” or “Board”) guidelines and decisions, as well as directives from the Centers for Medicare and Medicaid Services (CMS).</p> <p>Ensures management controls for the reimbursement functions are documented and used to meet program guidelines.</p>
Education Requirements	Bachelor’s degree in accounting or related field with a minimum of 24 semester hours of accounting courses
Experience Requirements	Requires at least 15 years of program experience, including comprehensive technical knowledge and demonstrated ability to interpret and apply program principles of reimbursement within time budgets and appropriate quality.
Certifications	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred

Resource Analyst	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Applies analytical skills to monitor, analyze, research, track, and control customer projects designed to improve quality, productivity, and service in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse.
Education Requirements	Bachelor’s degree preferably in Business Administration or related field
Experience Requirements	More than 3 years of experience working in area involving project coordination, technical writing, process re-engineering, or quantitative analysis
Certifications	None

Senior Accountant	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Appropriately vouchers cost experience by the company to its customer in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. To ensure the billing process is compliant with regulations, the incumbent must possess knowledge of the Generally Accepted Accounting Principle (GAAP), the Federal Acquisition Requirements (FAR) and the internal accounting systems used by the company and its parent company. The incumbent will perform analysis of historical accounting/cost information to be used in determining various trending needs, as well as, projections of costs.
Education Requirements	<ul style="list-style-type: none"> • Bachelor's degree in accounting • Master's in Accountancy or Master's in Business Administration beneficial
Experience Requirements	Minimum 4 years of accounting experience
Certifications	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Senior Audit Specialist	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs or assists in the performance of audits in an accurate and timely manner.. Ensures audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue. Ensures appeal functions are performed in accordance with program regulations, the Provider Reimbursement Review Board ("PRRB" or "Board") guidelines and decisions, as well as directives from the Centers for Medicare and Medicaid Services (CMS).
Education Requirements	Bachelor's degree in accounting or related field with a minimum of 24 semester hours of accounting courses
Experience Requirements	Requires at least 2 years healthcare and/or audit experience and extensive knowledge of program reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Ability to complete reviews of all provider types and difficulty levels.
Certifications	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred

Senior Auditor	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Performs or assists in the performance of audits in an accurate and timely manner. Ensure audits are performed in compliance with Generally Accepted Government Auditing Standards (GAGAS), program law and reimbursement principles, and generally accepted accounting principles (GAAP) in those cases where program principles do not address an issue.
Education Requirements	Bachelor's degree in accounting or related field with a minimum of 24 semester hours in accounting courses.
Experience Requirements	Requires 3 to 4 years healthcare and/or audit experience with at least 2 years of audit experience. Must have extensive knowledge of Medicare reimbursement principles or an equivalent combination of education and experience that provides the incumbent with the knowledge, skills and abilities required. Able to complete reviews of all provider types and difficulty levels.
Certifications	A Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Senior Statistician	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Applies statistical and technical skills in the design, collection, compilation and analysis of statistical data as a subject-matter expert in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. Performs research and analysis related to risk assessment and program vulnerabilities. Performs statistical analyses for a broad spectrum of types of data and identifies patterns of practice.
Education Requirements	Master's degree in statistics
Experience Requirements	1 to 3 years of experience with statistical processes/techniques and methodologies including the use of SAS/SPSS and related computer database languages.
Certifications	None

Staff Accountant	
Relevant SINS	520-8, 520-8RC, 520-9, 520-9RC, 520-21, 520-21RC, 874-1, and 874-1RC
Functional Responsibilities	Appropriately vouchers cost experience by the company to its customer in support of the detection, case development, remediation and recovery of suspected overpayments, fraud, waste and abuse. To ensure the billing process is compliant with regulations, the incumbent must possess knowledge of the Generally Accepted Accounting Principle (GAAP), the Federal Acquisition Requirements (FAR) and the internal accounting systems used by the company and its parent company. The incumbent will perform analysis of historical accounting/cost information to be used in determining various trending needs, as well as projections of costs.
Education Requirements	<ul style="list-style-type: none"> • Bachelor's degree in accounting • Master's in Accountancy or Master's in Business Administration beneficial
Experience Requirements	Minimum 1 year of accounting experience
Certifications	Certified Public Accountant (CPA) or Certified Management Accountant (CMA) is preferred.

Appendix C – Service Contract Act

SCA Eligible Contract Labor Category	Commercial Rate	SCA Equivalent Code – Title	Wage Determination No. and Hourly Rate, based on Revision 17 (07/08/2015):
Administrative Coordinator**	\$53.71	#01112 - General Clerk II	05-2104 \$16.24
Benefit Integrity Specialist**	\$52.37	#01052 – Data Entry Operator II	05-2104 \$15.69
Junior Analyst**	\$68.33	#01052 – Data Entry Operator II	05-2104 \$15.69

The Service Contract Act (SCA) is applicable to this contract and it includes SCA applicable labor categories. The prices for the indicated () SCA labor categories are based on the U.S. Department of Labor Wage Determination Number(s) identified in the SCA matrix. The prices offered are based on the preponderance of where work is performed and should the contractor perform in an area with lower SCA rates, resulting in lower wages being paid, the task order prices will be discounted accordingly.